U.S. Department of Labor Office of Labor-Management Standards
Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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1. File Number U - 7026

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name Gregory K Clemons	Name Arkansas Regional Council of Carpenters				
	Labor Organization File Number 051870				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 1407 S Knoxville Ave	Street 1407 S Knoxville Ave				
City Russellville	City Russellville				
State Arkansas ZIP Code + 4 72802	State Arkansas ZIP Code + 4 72802				
5. Position in labor organization. Organizer					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	7.b. Amount.				
City					
State ZIP Code + 4					
Sign	ature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and delief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed My Me	On <u>8/8/05</u> 479-968-1724				
	Date Telephone Number				

Name of Felson Filing Gregory Cremons		1 lie Nullibei O-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name				
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bldg., Room No., if any				
Street	c. Employer			
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ing.		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar valu	ue of such dealing.		
City	12.a. Nature of interest hel	d or income received.		
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered unde	r parts A and P above)			
or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name Marco Investments	Trustee Golf 2/24/04			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any 300 Atlanta Financial Ctr				
Street 3343 Peachtree St., NE				
City Atlanta				
State Georgia ZIP Code + 4 30326				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		\$38	